

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO 417)

SERIAL NO.

APPLICANT'S

FILING DATE

414104

10/7/99

CLAIMS

	AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
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TOTAL NO.	44					
TOTAL OFF.	41					
TOTAL	45					

	NO.	OFF.	NO.	OFF.	NO.	OFF.
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